DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Disability and Elder Services
DDE-2567 (Rev. 08/2006)

STATE OF WISCONSIN
ss. 51.42(3)(ar)15

ALCOHOL AND OTHER DRUG ABUSE BLOCK GRANT REPORT OF EXPENDITURES

The total amount reported must agree with county expenditures reported on CARS reports. The total amount reported must agree with alcohol and other drug abuse totals recorded by the county on the Alcohol and Other Drug Abuse Block Grant Report of Expenditures tabulated from provider agencies within the county program operations. County departments will be contacted to obtain missing county/provider contact information or federal identification as reported.

COUNTY TOTAL JANUARY - DECEMBER 2005

Name – County	Name – Contact Person
Address – Contact Person (Street, City, State, Zip Code)	Telephone Number – Contact Person

County Total $ — The county total is the composite of all provider agency reports of AODA Block Grant expenditures. The county total must agree with county expenditures reported on CARS 570 reports. Provider agency forms must be attached.

ALCOHOL AND / OR DRUG TREATMENT

Women		Men
$	Must be at least 10% of total funds	$

PRIMARY PREVENTION STRATEGIES

Total Primary Prevention $ — Must be at least 20% of total funds. These funds are separated to identify services to women and men.

	Women	Men
Community-Based Process	$	$
Education	$	$
Information Dissemination	$	$
Alternatives	$	$
Environmental	$	$
Problem Identification and Referral	$	$
Prevention Sub-Total	$	$
+ Treatment Total	$	$
Total	$	$

CHARITABLE CHOICE

☐ Yes ☐ No — The State must comply with 42 U.S.C. 300x-65 and 42 C.F.R. part 54 (See 42 C.F.R. 54.8(c) (4) and 54.8(b), Charitable Choice Provisions and Regulations. Did this county refer grant recipients to alternative providers? Check one box.

If "Yes," list (on separate page if necessary) the following information:

Name – Alternative Service Provider	Name – Contact Person
Address – Alternative Service Provider (Street, City, State, Zip Code	

Type of Services Provided – Specify.

Under Charitable Choice, States, local governments, and religious organizations, each as SAMHSA grant recipients, must: (1) ensure that religious organizations that are providers provide notice of their right to alternative services to all potential and actual program beneficiaries (services recipients); (2) ensure that religious organizations that are providers refer program beneficiaries to alternative services; and (3) fund and/or provide alternative services. The term "alternative services" means services determined by the State to be accessible and comparable and provided within a reasonable period of time from another substance abuse provider ("alternative provider") to which the program beneficiary ("services recipient") has no religious objection. This reported information is used to ensure compliance with this requirement.

Certifications: I hereby certify that the county/applicant organization or Territory will comply with Title XIX, Part B, Subpart II and Subpart III of the Public Health Service Act, as amended, as summarized in Attachment 1, except for those Sections in the Act that do not apply or for which a waiver has been granted or may be granted by the Department of Health and Family Services for this period. I approve the fiscal and program information reported during this period**.**

SIGNATURE - Director or Authorized Certifying Official	Title
Name – County/Applicant Organization	Date Submitted

ACTION STATEMENT: The annual report for the period January - December 2005 is due September 1, 2006, to the central office contact.

REGIONAL OFFICE CONTACT: Area Administrators

CENTRAL OFFICE CONTACT: Valerie Payne, State Coordinator, SAPTBG
Bureau of Mental Health and Substance Abuse Services
1 West Wilson Street, Room 437
P.O. Box 7851
Madison, WI 53707-7851
(608) 267-7707

OUTCOMES FOR SUBSTANCE ABUSE SERVICES

1. Listing of outcomes submitted in response to last year's memo series and any revisions.

EXAMPLES:

a. Proportion of clients completing the recommended course of treatment
b. Proportion of clients, confirmed by counselor, reporting reduced alcohol / drug use at discharge

2. Findings for calendar year 2005.

EXAMPLES:

Proportion of clients completing the recommended course of treatment:
It was our goal to achieve a level of at least 60 percent on this outcome for 2005. We achieved a rate of 62 percent.

Proportion of clients, confirmed by counselor, reporting reduced alcohol / drug use at discharge:
We did not set a goal for this outcome; however, we achieved rates of 72 percent and 68 percent respectively for 2002 and 2003. Our goal for next year will be to reach a level of at least 70 percent.

3. How was the information used?

EXAMPLES:

The outcomes are part of our county's quality improvement plan. The information was shared with agency staff, administration, and community AODA advisory committee and was used as a basis for improving our outpatient service.

4. *(If applicable)* Describe primary prevention activities for each strategy as indicated on provider and county total reports that utilize block grant funds.

EXAMPLE:

Education: Three public forums were convened to provide information through video, written materials, and events in effort to orient parents and educators at schools about the negative impact of huffing household products. Each quarter, promotional mailings are distributed to approximately 70,000 people on our mailing list.

DESCRIPTION OF PREVENTION STRATEGIES

1. Information Dissemination

This strategy provides awareness and knowledge of the nature and extent of the identified problem which may include alcohol, tobacco and drug use, abuse and addiction, violence, teen pregnancy, hunger, child abuse and neglect and their effects on individuals, families and communities. It also provides knowledge and awareness of available prevention programs and services. Information dissemination is characterized by one-way communication from the source to the audience, with limited contact between the two. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following:

a. Clearinghouse / information resource center(s);
b. Resource directories;
c. Media campaigns;
d. Brochures;
e. Radio / television public service announcements;
f. Speaking engagements;
g. Health fairs / health promotion; and
h. Information lines.

2. Education

This strategy involves two-way communication and is distinguished from the Information Dissemination strategy by the fact that interaction between the educator / facilitator and the participants is the basis of its activities. Activities under this strategy aim to affect critical life and social skills, including decision-making, refusal skills, critical analysis (e.g., of media messages) and systematic judgment abilities. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following:

a. Classroom and / or small group sessions (all ages);
b. Parenting and family management classes;
c. Peer leader / helper programs;
d. Education programs for youth groups; and
e. Children of substance abusers groups.

3. Alternatives / Healthy Activities

This strategy provides for the participation of the general population or the target population in activities that exclude alcohol, tobacco and other drug use, and / or promotes healthy activities that lend themselves to the building of resiliency among youth and families. The assumption is that constructive and healthy activities offset the attraction to, or otherwise meet the needs usually filled by alcohol, tobacco and other drugs and would, therefore, minimize or obviate resort to the latter. Alternative activities or healthy activities also provide a means to character building and may promote healthy relationships between youth and adults. Participants may internalize the values and attitudes of the programs and individuals involved in establishing the program objectives. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following:

a. Drug free dances and parties;
b. Youth / adult leadership activities;
c. After school activities such as participation in music lessons, art clubs, school newspaper, etc.;
d. Community drop-in centers; and
e. Community service activities.

4. Problem Identification and Referral

This strategy aims at identification of those who have demonstrated at-risk behavior such as indulging in illegal / age-inappropriate use of tobacco or alcohol and those individuals who have indulged in the first use of illicit drugs in order to assess if their behavior can be reversed through education. It should be noted, however, that this strategy does not include any activity designed to determine if a person is in need of treatment. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following:

a. Employee assistance programs;
b. Student assistance programs; and
c. Driving while under the influence / driving while intoxicated education programs.

5. Environmental / Social Policy Change Strategies

This strategy establishes or changes written and unwritten community standards, codes and attitudes, thereby influencing incidence and prevalence of at-risk behaviors in the general population. This strategy is divided into two sub-categories to permit distinction between activities which center on legal and regulatory initiatives and those which relate to the service and action-oriented initiatives. Examples of activities conducted and methods used for this strategy shall include (but are not limited to) the following:

a. Promoting the establishment and review of alcohol, tobacco and drug use policies in schools;
b. Technical assistance to communities to maximize local enforcement procedures governing availability and distribution of alcohol, tobacco and other drug use;
c. Modifying alcohol and tobacco advertising practices;
d. Local enforcement procedures to limit violent behavior; and
e. Establishing local policies which create opportunities for you to become involved in their communities.

6. Community-Based Process / Community Involvement and Responsibility

This strategy aims to enhance the ability of the community to more effectively provide prevention, remediation, and treatment services for behaviors which lead to deep end services. Activities in this strategy include organizing, planning, enhancing efficiency and effectiveness of service implementation, inter-agency collaboration, coalition building and networking. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following:

a. Community and volunteer training: e.g., neighborhood action training, training of key people in the system, staff / officials training;
b. Systematic planning;
c. Multi-agency coordination and collaboration;
d. Accessing services and funding; and
e. Community organizing and team-building.